

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

INGRID TURNER FOR CONGRESS

ADDRESS (number and street)

PO Box 802



Check if different than previously reported. (ACC)

Bowie

MD

20718

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00578518

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MD

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Latrise Workman

Signature of Treasurer

Latrise Workman

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

15

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 40

Write or Type Committee Name

INGRID TURNER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11971.00	70821.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	11971.00	70821.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22625.45	66241.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22625.45	66241.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	104579.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 40

Write or Type Committee Name

INGRID TURNER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

5569.00

40054.00

(ii) Unitemized.....

6402.00

28042.00

(iii) TOTAL of contributions from individuals ▶

11971.00

68096.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

2725.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

11971.00

70821.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

220000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

220000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

11971.00

290821.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22625.45	66241.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	20000.00	120000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	20000.00	120000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42625.45	186241.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	135233.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11971.00
25. SUBTOTAL (add Line 23 and Line 24).....	147204.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42625.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	104579.37

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Phyllis Anderson

A.

Mailing Address 12206 James Madison Ln

City

Glenn Dale

State

MD

Zip Code

20769-9171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federal GovernmentOccupation
Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Transaction ID : VPFGAG93RN4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Angela Anglin

B.

Mailing Address 2006 Bermondsey Drive

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing
federal political committee.

C

Name of Employer
M-NCPPCOccupation
Area Specialist/Regional Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5P4Q8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

N. Mykl Asanti

C.

Mailing Address 1870 Buckhead Valley Ln NE

City

Atlanta

State

GA

Zip Code

30324-2795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Self Employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : VPFGAGCDJP4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Erma Barron

A.

Mailing Address 8510 Nightingale Dr

City

Lanham

State

MD

Zip Code

20706-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

Transaction ID : VPFGAG29TR4

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

Erma Barron

B.

Mailing Address 8510 Nightingale Dr

City

Lanham

State

MD

Zip Code

20706-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : VPFGAG29TQ6

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

Erma Barron

C.

Mailing Address 8510 Nightingale Dr

City

Lanham

State

MD

Zip Code

20706-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : VPFGAGA1E87

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1135.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sharon Barry

Mailing Address 12609 Quoting Poet Court

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMUC

Occupation

Director of Procurement

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

685.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : VPFGAG93PC7

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

Gregory Belanger

Mailing Address 1101 S Arlington Ridge Rd #613

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent

Occupation

Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : VPFGAFX3RR2

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Calvin C Brockington

Mailing Address 2324 Bermondsey Dr

City

Mitchellville

State

MD

Zip Code

20721-4219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optimum Business Services

Occupation

Accountant/Business Development Speci

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : VPFGAFVN4H2

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

385.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Calvin C Brockington		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2015	
Mailing Address 2324 Bermondsey Dr		Transaction ID : VPFGAG3XZ06	
City Mitchellville	State MD	Zip Code 20721-4219	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Optimum Business Services	Occupation Accountant/Business Development Speci		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
B. Full Name (Last, First, Middle Initial) Calvin C Brockington		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 2324 Bermondsey Dr		Transaction ID : VPFGAG8E1E3	
City Mitchellville	State MD	Zip Code 20721-4219	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Optimum Business Services	Occupation Accountant/Business Development Speci		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		
C. Full Name (Last, First, Middle Initial) Lolita Vernell Brown		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015	
Mailing Address 502 Pritchard Lane		Transaction ID : VPFGAG93QF4	
City Upper Marlboro	State MD	Zip Code 20774	Amount of Each Receipt this Period _____ 35.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Accountant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 235.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 135.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Tomeka Caldwell Bumbry			Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2015	
Mailing Address 1706 Mallard Ct			Transaction ID : VPFGAG93P52	
City	State	Zip Code		
Upper Marlboro	MD	20774-7053		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 52.00	
Name of Employer Prince George's County		Occupation Legislative Aide		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1052.00		
B. Full Name (Last, First, Middle Initial) Jacqueline Dean Byrd			Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 5406 Lakeford Ln			Transaction ID : VPFGAG0XDR2	
City	State	Zip Code		
Bowie	MD	20720-4854		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 150.00	
Name of Employer Byrd & Byrd, LLC		Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		
C. Full Name (Last, First, Middle Initial) Cheryl Petty Garnette			Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2015	
Mailing Address 2006 Shadowrock Ln			Transaction ID : VPFGAG6GE79	
City	State	Zip Code		
Mitchellville	MD	20721-2599		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 100.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			302.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gwendolyn Gilbert

Mailing Address 727 Haack Place`

City

Upper Marlboro

State

MD

Zip Code

20774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amtrak

Occupation

Retiree

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : VPFGAG93RS6

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

Milly Hall

Mailing Address 14404 Dunstable Ct

City

Bowie

State

MD

Zip Code

20721-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

354.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : VPFGAG93RB5

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

Olivia Harris

Mailing Address 10302 Duke of Wellington Court

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5AYG5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

284.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Inez Henderson

Mailing Address 14711 Dunbarton Dr

Dunbarton Drive

City

Upper Marlboro

State

MD

Zip Code

20772-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : VPFGAG31QS5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Inez Henderson

Mailing Address 14711 Dunbarton Dr

Dunbarton Drive

City

Upper Marlboro

State

MD

Zip Code

20772-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : VPFGAG885K5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Carol Womack Holland

Mailing Address 13102 Vicar Woods Ln

City

Bowie

State

MD

Zip Code

20720-4788

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMF

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5PAE0

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 40

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Carol Womack Holland			Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2015	
Mailing Address 13102 Vicar Woods Ln			Transaction ID : VPFGAGAAC58	
City	State	Zip Code		
Bowie	MD	20720-4788		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			365.00	
Name of Employer IMF		Occupation Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		665.00		
B. Full Name (Last, First, Middle Initial) Linda Jackson Jones			Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2015	
Mailing Address 1202 Kings Tree Dr			Transaction ID : VPFGAG6KKX6	
City	State	Zip Code		
Mitchellville	MD	20721-1921		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			52.00	
Name of Employer The Leadership Coaches, Inc.		Occupation Education Leadership Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		552.00		
C. Full Name (Last, First, Middle Initial) Nicholas Anthony Majett			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015	
Mailing Address 7223 24th Pl			Transaction ID : VPFGAG7TY66	
City	State	Zip Code		
Hyattsville	MD	20783-2717		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			100.00	
Name of Employer Prince George's County Government		Occupation Administrator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		350.00		
SUBTOTAL of Receipts This Page (optional).....			517.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENISE MCKENNEY

A.

Mailing Address 14309 Delcastle Dr

City

Bowie

State

MD

Zip Code

20721-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

FMCS

Occupation

Federal Mediator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2015

Transaction ID : VPFGAGE31M0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

DENISE MCKENNEY

B.

Mailing Address 14309 Delcastle Dr

City

Bowie

State

MD

Zip Code

20721-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

FMCS

Occupation

Federal Mediator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5MX39

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Juanita D Miller

C.

Mailing Address 4502 Stecoah Dr

City

Clinton

State

MD

Zip Code

20735-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5AXW7

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 40
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Arthur Robinson Mailing Address 7300 Bay Wood Dr City State Zip Code Lanham MD 20706-3377 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 252.00			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">12 / 03 / 2015</div> </div> Transaction ID : VPFGAG93NQ3 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">52.00</div>	
B. Full Name (Last, First, Middle Initial) Gwendolyn Roland Mailing Address PO Box 27 City State Zip Code Fort Belvoir VA 22060-0027 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 252.00			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 25 / 2015</div> </div> Transaction ID : VPFGAG7PM89 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">252.00</div>	
C. Full Name (Last, First, Middle Initial) Diane F Smith Mailing Address 413 Dennis Magruder Dr City State Zip Code Upper Marlboro MD 20774-2104 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Author Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">12 / 31 / 2015</div> </div> Transaction ID : VPFGAGE31G8 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)			<div style="border: 1px solid black; padding: 2px; text-align: right;">804.00</div>	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Alfie L Turner

Mailing Address 14332 Chalfont Dr

City

Haymarket

State

VA

Zip Code

20169-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer

PWLS VA

Occupation

Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VPFGAG5P3E7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Eric Turner

Mailing Address 14332 Chalfont Dr

City

Haymarket

State

VA

Zip Code

20169-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Federal employee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2015

Transaction ID : VPFGAGAAC09

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. Henry Turner

Mailing Address 6003 Strathmore Way

City

Upper Marlboro

State

MD

Zip Code

20772-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer

HWV Enterprises, LLC

Occupation

Golf Course Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

Transaction ID : VPFGAG29SA2

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

330.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Henry Turner

A.

Mailing Address 6003 Strathmore Way

City

Upper Marlboro

State

MD

Zip Code

20772-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
HWV Enterprises, LLCOccupation
Golf Course Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : VPFGAG29SC8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Winifred Turner

B.

Mailing Address 6003 Strathmore Way

City

Upper Marlboro

State

MD

Zip Code

20772-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
US GovernmentOccupation
Government Employee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : VPFGAG1DXY9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Winifred Turner

C.

Mailing Address 6003 Strathmore Way

City

Upper Marlboro

State

MD

Zip Code

20772-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
US GovernmentOccupation
Government Employee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : VPFGAG7QS78

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Winifred Turner		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	12		24		2015
M M M	/	D D D	/	Y Y Y Y Y									
12		24		2015									
Mailing Address 6003 Strathmore Way		Transaction ID : VPFGAGBXJX3											
City Upper Marlboro	State MD	Zip Code 20772-9536	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>						50.00				
					50.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer US Government	Occupation Government Employee												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>450.00</td> </tr> </table>								450.00				
					450.00								

B. Full Name (Last, First, Middle Initial) Rosalind Daniel Walker		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	11		10		2015
M M M	/	D D D	/	Y Y Y Y Y									
11		10		2015									
Mailing Address 9715 Luria Ln		Transaction ID : VPFGAG51801											
City Lanham	State MD	Zip Code 20706-3311	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>						50.00				
					50.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Verizon	Occupation Manager												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>								250.00				
					250.00								

C. Full Name (Last, First, Middle Initial) Rosalind Daniel Walker		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	12		30		2015
M M M	/	D D D	/	Y Y Y Y Y									
12		30		2015									
Mailing Address 9715 Luria Ln		Transaction ID : VPFGAGCBHH6											
City Lanham	State MD	Zip Code 20706-3311	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>						50.00				
					50.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Verizon	Occupation Manager												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>300.00</td> </tr> </table>								300.00				
					300.00								

SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>150.00</td> </tr> </table>						150.00
					150.00			
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Latrise Workman		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
12		10		2015										
Mailing Address 16504 Enders Ter		Transaction ID : VPFGAGA1E62												
City Bowie	State MD	Zip Code 20716-7356	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>52.00</td> </tr> </table>											52.00
										52.00				
FEC ID number of contributing federal political committee. <div>C</div>														
Name of Employer Department of Defense	Occupation Branch Chief													
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1052.00</td> </tr> </table>													1052.00
										1052.00				

B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>										
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>										
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												

SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>52.00</td> </tr> </table>											52.00
										52.00			
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>5569.00</td> </tr> </table>											5569.00
										5569.00			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bergmann ZwerdlingMailing Address 1015 18th St NW
Ste 500

City Washington State DC Zip Code 20036-5213

Purpose of Disbursement
Literature Mailing

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

1700.00

Transaction ID : VPEH2A057C6

B. Bergmann ZwerdlingMailing Address 1015 18th St NW
Ste 500

City Washington State DC Zip Code 20036-5213

Purpose of Disbursement
Production/Copy Writing

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

1205.00

Transaction ID : VPEH2A0YNR0

c. Doyle Printing

Mailing Address 5206 46th Ave

City Hyattsville State MD Zip Code 20781-2305

Purpose of Disbursement
Mail Supplies

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

620.10

Transaction ID : VPEH2A057S9

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3525.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. David Jacobs

Mailing Address 14410 Dolbrook Ln

City	State	Zip Code
Bowie	MD	20721-3218

Purpose of Disbursement
Field Consulting Services

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : VPEH2A058A3

B. David Jacobs

Mailing Address 14410 Dolbrook Ln

City	State	Zip Code
Bowie	MD	20721-3218

Purpose of Disbursement
Field Consulting Services

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : VPEH2A0YNT6

c. Liquid Web Designs

Mailing Address 1401 Mercantile Ln

City	State	Zip Code
Largo	MD	20774-4301

Purpose of Disbursement
Website Communication Consulting Services

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : VPEH2A0YP79

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Database Software

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

2350.00

Transaction ID : VPEH2A0ZBJ0

B. Robert Olker

Mailing Address 3201 Belview Ave

City Cheverly State MD Zip Code 20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

3000.00

Transaction ID : VPEH2A058S2

c. Robert Olker

Mailing Address 3201 Belview Ave

City Cheverly State MD Zip Code 20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZBE8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Robert Olker

Mailing Address 3201 Belview Ave

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZC34

B. Robert Olker

Mailing Address 3201 Belview Ave

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZCF7

c. Robert Olker

Mailing Address 3201 Belview Ave

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZC42

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Robert Olker

Mailing Address 3201 Belview Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZC50

B. Robert Olker

Mailing Address 3201 Belview Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2015

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZCB7

C. Robert Olker

Mailing Address 3201 Belview Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

City	State	Zip Code
Cheverly	MD	20785-1227

Purpose of Disbursement
Finance Consulting Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

150.00

Transaction ID : VPEH2A0ZCD1

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	10	2015

Amount of Each Disbursement this Period

42.46

Transaction ID : VPEH2A08G14

B. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	05	2015

Amount of Each Disbursement this Period

101.55

Transaction ID : VPEH2A14GX5

c. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2015

Amount of Each Disbursement this Period

154.90

Transaction ID : VPEH2A14GY3

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

298.91

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sweet P's

Mailing Address 1709 Mayfair PI

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

City	State	Zip Code
Crofton	MD	21114-2624

Amount of Each Disbursement this Period

158.10

Purpose of Disbursement
Business Cards

006

Transaction ID : VPEH2A057T7

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Sweet P's

Mailing Address 1709 Mayfair PI

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

City	State	Zip Code
Crofton	MD	21114-2624

Amount of Each Disbursement this Period

908.80

Purpose of Disbursement
Graphic Design Work/ Yard Signs

006

Transaction ID : VPEH2A0YVC8

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Sweet P's

Mailing Address 1709 Mayfair PI

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

City	State	Zip Code
Crofton	MD	21114-2624

Amount of Each Disbursement this Period

1805.50

Purpose of Disbursement
Road Signs/ Graphic Design

006

Transaction ID : VPEH2A0ZBC2

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2872.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
NGP Payment

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A05838

B. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement
Database Software

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A0WM60

[MEMO ITEM]

*

C. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
NGP Payment

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A05888

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Database Software

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A0WM78

[MEMO ITEM]

*

B. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City Bowie State MD Zip Code 20720

Purpose of Disbursement
Community Meeting/ Printing

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

224.47

Transaction ID : VPEH2A0YMR8

C. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City Bowie State MD Zip Code 20720

Purpose of Disbursement
Postage, Parking, Food for Meeting

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

391.13

Transaction ID : VPEH2A0YMV1

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

615.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 6710 Laurel Bowie Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

City	State	Zip Code
Bowie	MD	20718-7575

Amount of Each Disbursement this Period

196.00

Purpose of Disbursement
Stamps

006

Transaction ID : VPEH2A108D2

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

City	State	Zip Code
Bowie	MD	20720

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
Database Software

003

Transaction ID : VPEH2A0YMX7

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

City	State	Zip Code
Washington	DC	20005-5006

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
Database Software

003

Transaction ID : VPEH2A108W9

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
Facebook Ads

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

957.45

Transaction ID : VPEH2A0YNG7

B. Facebook, Inc.

Mailing Address 1601 Willow Rd

City	State	Zip Code
Menlo Park	CA	94025-1452

Purpose of Disbursement
Online Advertising

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

957.45

Transaction ID : VPEH2A10918

[MEMO ITEM]

*

C. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
Food for Volunteers

007

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

186.33

Transaction ID : VPEH2A0ZBD0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1143.78

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Shoppers Food Market

Mailing Address 10501 Martin Luther King Jr Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

City	State	Zip Code
Bowie	MD	20720-4213

Amount of Each Disbursement this Period

35.21

Purpose of Disbursement
Food for Volunteers

007

Transaction ID : VPEH2A109E1

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

City	State	Zip Code
Bowie	MD	20720

Amount of Each Disbursement this Period

465.54

Purpose of Disbursement
Food for Volunteers, Campaign Supplies, Postage, Yard Sign Materials

007

Transaction ID : VPEH2A0ZBM5

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Home Depot

Mailing Address 4121 Crain Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

City	State	Zip Code
Bowie	MD	20716-3616

Amount of Each Disbursement this Period

205.84

Purpose of Disbursement
Yard Sign Materials

006

Transaction ID : VPEH2A14HT5

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

465.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 6710 Laurel Bowie Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

City	State	Zip Code
Bowie	MD	20718-7575

Amount of Each Disbursement this Period

354.12

Purpose of Disbursement
Mail Supplies

006

Transaction ID : VPEH2A14HV2

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

City	State	Zip Code
Bowie	MD	20720

Amount of Each Disbursement this Period

354.12

Purpose of Disbursement
Facebook advertisements

004

Transaction ID : VPEH2A0ZC18

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Facebook, Inc.

Mailing Address 1601 Willow Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

City	State	Zip Code
Menlo Park	CA	94025-1452

Amount of Each Disbursement this Period

354.12

Purpose of Disbursement
Online Advertising

004

Transaction ID : VPEH2A109S8

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

354.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
Monthly email service

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A0ZBK7

B. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement
Database Software

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VPEH2A109P4

[MEMO ITEM]

*

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

22625.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 40

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement
Loan Repayment

009

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2015

Amount of Each Disbursement this Period

20000.00

Transaction ID : VPEH2A0ZC26

B.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20000.00

20000.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 35 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGACWS1Y0L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 16 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGADNZGR3L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 29 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 40

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGADY3B45L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

65000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 22 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐

Yes

☒

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 38 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGAE1T908L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 29 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 39 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGAE1T973L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

25000.00

Cumulative Payment To Date

20000.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 29 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGE3GVZ4L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

INGRID M TURNER

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.